

County: Dodge
MAYVILLE NURSING/REHABILITATION CENTER
305 SOUTH CLARK

Facility ID: 5390

Page 1

MAYVILLE 53050 Phone: (920) 387-0354
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 102
Total Licensed Bed Capacity (12/31/01): 102
Number of Residents on 12/31/01: 90

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 83

Corporation
Skilled
No
Yes
Yes
83

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		54.4
Supp. Home Care-Personal Care	No					1 - 4 Years		33.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		12.2
Day Services	No	Mental Illness (Org./Psy)	45.6	65 - 74	6.7			-----
Respite Care	Yes	Mental Illness (Other)	5.6	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	7.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.2		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	17.8	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	4.4		-----	RNs		7.2
Referral Service	No	Diabetes	2.2	Sex	%	LPNs		19.8
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.9	Male	34.4	Aides, & Orderlies		47.3
Mentally Ill	No		-----	Female	65.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)				
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	9	100.0	355	52	92.9	97	1	100.0	355	22	91.7	143	0	0.0	0	0	0.0	84	93.3
Intermediate	---	---	---	4	7.1	82	0	0.0	0	2	8.3	118	0	0.0	0	0	0.0	6	6.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	9	100.0		56	100.0		1	100.0		24	100.0		0	0.0		0	0.0	90	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	12.6	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	1.4	Bathing	0.0	93.3	6.7	90
Other Nursing Homes	9.1	Dressing	15.6	51.1	33.3	90
Acute Care Hospitals	75.5	Transferring	37.8	47.8	14.4	90
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	24.4	66.7	8.9	90
Rehabilitation Hospitals	0.0	Eating	72.2	16.7	11.1	90
Other Locations	1.4	*****				
Total Number of Admissions	143	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.3	Receiving Respiratory Care	0.0	
Private Home/No Home Health	27.6	Occ/Freq. Incontinent of Bladder	34.4	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	9.4	Occ/Freq. Incontinent of Bowel	22.2	Receiving Suctioning	0.0	
Other Nursing Homes	3.1	Mobility	0.0	Receiving Ostomy Care	0.0	
Acute Care Hospitals	29.9			Receiving Tube Feeding	1.1	
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets	15.6	
Rehabilitation Hospitals	0.0	Physically Restrained				
Other Locations	3.9	Skin Care		Other Resident Characteristics		
Deaths	26.0	With Pressure Sores	4.4	Have Advance Directives	94.4	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	127			Receiving Psychoactive Drugs	50.0	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.8	82.5	1.09	84.1	1.07	85.8	1.05	84.6	1.06
Current Residents from In-County	78.9	74.3	1.06	79.3	0.99	69.4	1.14	77.0	1.02
Admissions from In-County, Still Residing	27.3	19.8	1.38	25.5	1.07	23.1	1.18	20.8	1.31
Admissions/Average Daily Census	172.3	148.2	1.16	110.2	1.56	105.6	1.63	128.9	1.34
Discharges/Average Daily Census	153.0	146.6	1.04	110.6	1.38	105.9	1.44	130.0	1.18
Discharges To Private Residence/Average Daily Census	56.6	58.2	0.97	41.2	1.38	38.5	1.47	52.8	1.07
Residents Receiving Skilled Care	93.3	92.6	1.01	93.8	1.00	89.9	1.04	85.3	1.09
Residents Aged 65 and Older	100	95.1	1.05	94.1	1.06	93.3	1.07	87.5	1.14
Title 19 (Medicaid) Funded Residents	62.2	66.0	0.94	66.9	0.93	69.9	0.89	68.7	0.91
Private Pay Funded Residents	26.7	22.2	1.20	23.1	1.15	22.2	1.20	22.0	1.21
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	51.1	31.4	1.63	38.7	1.32	38.5	1.33	33.8	1.51
General Medical Service Residents	18.9	23.8	0.79	21.8	0.87	21.2	0.89	19.4	0.97
Impaired ADL (Mean)	42.7	46.9	0.91	48.4	0.88	46.4	0.92	49.3	0.87
Psychological Problems	50.0	47.2	1.06	51.9	0.96	52.6	0.95	51.9	0.96
Nursing Care Required (Mean)	2.6	6.7	0.40	7.5	0.35	7.4	0.35	7.3	0.36